

Sample Client Survey for Victims Law Enforcement Domestic Violence Units

Introduction: Please help us improve our services by sharing your experience with us.

Directions: Please indicate your level of agreement with the following statements about our services:

| | <i>Strongly Agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly Disagree</i> | <i>Neutral</i> |
|---|-----------------------|--------------|-----------------|--------------------------|----------------|
| 1. I feel safer now because of the services I have received. | (5) | (4) | (3) | (2) | (1) |
| 2. I am confident that law enforcement does its share to make sure offenders "pay" for their crimes. | (5) | (4) | (3) | (2) | (1) |
| 3. I have knowledge about how to remain safe that I did not have before. | (5) | (4) | (3) | (2) | (1) |
| 4. I am more knowledgeable about victim services and the criminal justice system (e.g., my rights as a victim, calling police, removing the offender, pressing charges, obtaining a restraining order). | (5) | (4) | (3) | (2) | (1) |
| 5. This agency helped me to learn how to access benefits or community resources. | (5) | (4) | (3) | (2) | (1) |
| 6. I would recommend this program to others who have needs like mine. | (5) | (4) | (3) | (2) | (1) |
| 7. I am satisfied with the services I received through this program. | (5) | (4) | (3) | (2) | (1) |
